

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009839

FILED
Mar 27, 2009
Secretary of State

Entity Name: VILLA SORRENTO OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3782832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ROUFF, TRACY
Address: 7680 UNIVERSAL BLVD STE 220
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Delete
Name: DEVURST, ERIC
Address: 7680 UNIVERSAL BLVD STE. 220
City-St-Zip: ORLANDO, FL 32819

Title: PD (X) Delete
Name: STEPHAN, PAUL
Address: 7680 UNIVERSAL BLVD STE 220
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, STEPHEN J
Address: 6030 GREATWATER
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J WILSON

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date